

# West Pennine Local Medical Committee

Supporting and representing GPs in Oldham and Tameside & Glossop

## October 2022 UPDATE FROM YOUR LMC



Dr Amir Hannan, Chair



Dr Alan Dow, Secretary



Dr Andrew Vance, Vice Chair

## LMC meeting - Tuesday 11<sup>th</sup> October 2022

The committee met on Tuesday 11<sup>th</sup> October via Teams. Dr Alan Dow, West Pennine LMC Secretary and GM GPC representative, flagged that the GPDF - the GP Defence Fund, the organisation which funds the GP Committee of the BMA, has been called to account on its funding structures and a vote of no confidence in its Board of Directors has been considered. Many LMCs nationally have decided to suspend their financial contributions to the GPDF until a satisfactory resolution has been found.

The Accelerating Citizen Access to Records Programme, which will enable patients to access their prospective health record data, including free text, documents and letters, from November 1<sup>st</sup> via the NHS App, was discussed. The ongoing associated risks were highlighted, and ways of mitigating these risks, without being seen to be in breach of the GP contract, were discussed. Further information can be found in the Data Protection Office update on page 3.

Dr Vik Puri and Dr Kiren Baillal, Trainee GP Representatives shared an update, which follows:

### Trainee GP Update

#### RCA Replacement Exam

The current RCA examination for the MRCGP was brought in as a temporary exam measure, replacing the CSA for the interim period during the peak of covid. It is anticipated that the new module will roll out for examination in October 2023 with the last RCA exam taking place in April 2023. This new will therefore be applicable to current ST2s. Further information and 6 months will be given to prepare for the new exam.

Trainees and supervisors should factor in their stage of training/ LTFT status and have discussions depending on their individual circumstances since current ST3s may be transiting between the two exams.

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The RCGP trialled a pilot of this 'hybrid' exam module in September 2022, where two of our trainee reps volunteered to sit as part of the trial run. The exam format is that of a traditional standardised OSCE, involving a total of 12 complex stations split over a morning and afternoon session. These were run online using the Osler software platform.

Candidates were given 3 minutes reading/briefing time and then a further 12 minutes to run a consultation similar to that expected in the CSA/RCA from a qualified GP. These varied from video to telephone consultations and all patients were simulated patients trained for the role. Candidates were required to keep their video on at all times and monitored by an invigilator. There may be also be a need to provide more evidence of CEPS in the future however this is yet to be determined.

Any update on the success of this pilot will should be communicated by the GMC in due course.

#### COVID Leave and Time out of Training

Time out of training for COVID leave is now contributing to the TOOT that trainees need to make back up within training, if more than 14 days per annum have been used. In addition, trainees must have at least 12 months experience in secondary care.

#### **BMA inflation survey**

We are aware that GP Practices are feeling the impact of inflation and high energy costs and the BMA are keen to hear about practices' experiences of this. We encourage you to complete the following survey, so the BMA can collect the evidence they need to advocate on your behalf:

#### [Please complete our survey](#)

The survey asks for a range of information relating to practice costs including energy, staffing and other expenses. While you are encouraged to complete the whole survey, if you do not yet have all the information asked for, please still complete the parts you can. The survey closes on 20<sup>th</sup> October.

#### **Institute of General Practice Management – Accreditation of Practice Managers**

West Pennine LMC support the fantastic work of the IGPM, who are now offering Accreditation for Practice Managers. [Accreditation - IGPM](#)

While the cost is £280.00, we feel it's an excellent way for Practice Managers to gain professional recognition, particularly as the Accreditation certificate is recognised by the CQC. As previously stated, in order to support Practice Managers and the IGPM, the LMC is happy to pay 50% of the membership costs should you wish to join the organisation.

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## Data Protection Office Update

### Access to patient records via NHS App – implementation date November 2022

As you will be aware, the Accelerating Citizen Access to Records Programme, which is intended to enable patients to access their prospective health record data, including free text, documents and letters, is to be implemented from November 1<sup>st</sup> via the NHS app.

[Access to patient records through the NHS App - NHS Transformation Directorate \(england.nhs.uk\)](https://www.england.nhs.uk/transform/digital/accelerating-citizen-access-to-records-programme/)

Ongoing concerns include:

- Practice teams not having sufficient time and resources to fully establish and embed the necessary safety processes to support this programme of work
- The risk of a patient, or their relatives, viewing sensitive safeguarding information, which could also then breakdown the relationship of trust between the patient and the GP
- The risk of patients seeing a provisional diagnosis of, for example, cancer before the relevant clinician has had the opportunity to talk to the patient.
- Patients not understanding the data held in the record, leading them to contact the practice, putting further demand on already overstretched GP practice teams
- The process restricts some groups who may benefit from record access, such as children with serious conditions requiring monitoring, or giving them the opportunity to feel in control of their health and learning with the support of their parents/ carers using online services in a responsible way
- NHS England/ NHS Digital have not supplied a detailed Data Protection Impact Assessment template to support practices
- The Redaction software not being fully functional

### Exemptions

As dictated in the GDPR and the DPA 2018, there are certain exemptions which would dictate you do not share data with a patient. These are:

- Health data processed by a court
- Child Abuse data
- Data Which could cause serious harm

### Serious harm test

The serious harm test can only be conducted by a health professional. GPs must consider whether disclosure of the data would be “likely to cause serious harm to the physical or mental health of the data subject or another individual.”

There are certain actions practices can take to mitigate some of these concerns:

The “104 code” has been made available to practices to delay selected patients accessing their prospective data: *“Enhanced review indicated before granting own access to health record”*: **136473100000104** to selected records; this code would need to be applied to the patient record in advance of November 1<sup>st</sup>, 2022.

The follow up codes are :

- 1290301000000109 - Online access to own health record withheld following enhanced health record review (finding)
- 1290311000000106 - Online access to own health record granted following enhanced health record review (finding)
- 1290331000000103 - Online access to own health record declined by patient (situation)

EMIS/TPP and Docman systems have the functionality to hide certain documents from view and we have attached the instructions for how to do this. All staff members inputting data into the clinical record, must be aware of how to do this contemporaneously to make this programme of work safe.

We have also attached the GP readiness checklist, which you may find useful.

If you require any further information, please do not hesitate to contact Jane Hill, GP Practice Data Protection officer at [jane.hilldpo@nhs.net](mailto:jane.hilldpo@nhs.net)

### **Access to Deceased Records**

From August 1st, 2022, GP Practices are no longer required to send a copy of the electronic medical record of the deceased patient to PCSE and any Access to Health Records Act requests should be dealt with by the practice. Records should be held for 10 years after death and while the deceased are out of the scope of the Data Protection legislation, a Duty of Confidentiality should of course continue after a patient has died.

**The Access to Health Records Act (AHRA) 1990** provides certain individuals with a right of access to the health records of a deceased individual. These individuals are defined under Section 3(1)(f) of that Act as, '*the patient's personal representative and any person who may have a claim arising out of the patient's death*'.

A personal representative is the executor or administrator of the deceased person's estate. They must apply to access the record in writing and, if they are the Administrator, provide proof of Grant of probate. Access requests can take up to 40 days to process. Please be mindful that the following information can be withheld:

- \* 3rd Party information, except those who were involved in the deceased's healthcare
- \* Information that may cause serious physical or mental harm to someone else
- \* Information that the deceased wished or expected to remain confidential

NHS England have now produced a guidance document to support the changes in the management of the health records of the deceased. You can read the guidance here:

[Access to the health and care records of deceased people](#)

If you require any further information about the above, or any other Data Protection issues, please do not hesitate to contact me at [jane.hilldpo@nhs.net](mailto:jane.hilldpo@nhs.net) or [westpennine.lmc@nhs.net](mailto:westpennine.lmc@nhs.net) or mobile 07951 530 417.